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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Cochise</u>		State <u>ARIZONA</u>	
Township <u>Douglas</u>				City <u>Douglas</u>		State File No. <u>36</u>	
No. <u>511-5th St.</u>				or Village		Registered No. <u>131</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>3</u> mos. <u>22</u> ds.				(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward	
2. FULL NAME <u>Reymundo Acevedo Jr.</u>				How long in U. S. if of foreign birth		mos. <u>7</u> ds. <u>22</u>	
(a) Residence: No. <u>511-5th St.</u>				How long in State when death occurred? <u>1</u> yr. <u>7</u> mos. <u>22</u> ds.		St. <u>1</u> Ward <u>1</u>	
(Usual place of abode)				(non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>December 2nd</u>							
7. AGE		Years <u>1</u>	Months <u>7</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Child</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (state or country) <u>Pauls Spur, Arizona</u>							
13. NAME <u>Reymundo Acevedo</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>							
15. MAIDEN NAME <u>Andrea Escalante</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>							
17. INFORMANT <u>Jose Orsco</u> (Address) <u>104-17th St. Douglas</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>7-24-34</u>							
19. UNDERTAKER <u>Porter & Ames</u> (Address) <u>Douglas Arizona</u>							
20. Filed <u>7-24-34</u> <u>1934</u> <u>of</u> <u>California</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>7-24-34</u> , 19 <u>34</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>July 16</u> , 19 <u>34</u> , to <u>July 23</u> , 19 <u>34</u>							
I last saw him alive on <u>July 20</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>5.20 A.M.</u>							
The principal cause of death and related causes of importance were as follows: <u>Dysentery & Enteritis</u>							
Other contributory causes of importance: <u>malnutrition</u>							
Name of operation <u>none</u> Date of <u>July 17/9</u>							
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>yes</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u>							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>no</u>							
Nature of injury <u>no</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify							
(Signed) <u>S. V. Olin</u> M. D.							
(Address) <u>Douglas, Ariz</u>							

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information